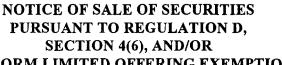
FORM D

03036121

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D



OMB APPROVAL						
OMB Number:	3235-0076					
Expires:	May 31, 2005					
Estimated average burden						
hours per respon						

SEC USE ONLY					
Prefix	Serial				
DATE RECEIVED					
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UNIFORM LIMITED OFFERING EXEMI	PTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	7
GLOBAL ECOVILLAGE, INC. CLASS B COMMON STOCK	
Filing Under (Check box(es) that apply): X Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	Sort a da so
1. Enter the information requested about the issuer	0C1 28 2003
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
GLOBAL ECOVILLAGE, INC.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
121 S. HWY 207, АРТ 31 SPEARMAN, ТХ 79081	(806) 659-5714
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
CONSTRUCTION	PROCESSED
Type of Business Organization	Phosphare
torporation limited partnership, already formed other (p business trust limited partnership, to be formed	lease specify): 0CT 3 0 2003
Month Year Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: Office and Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	nated THOMSON
GENERAL INSTRUCTIONS	
Federal:	r Section 4(6) 17 CED 230 501 at sea, or 1511 S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

A. BASIC IDENTIFICATION DATA	and the second	
2. Enter the information requested for the following:		
• Each promoter of the issuer, if the issuer has been organized within the past five years;	C 100/	Sandan a Caracter and Set of Cold S
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of the second of		• •
Each executive officer and director of corporate issuers and of corporate general and man Fight executive and executive and executive insurance is a second of the corporate general and man Fight executive and executive and executive insurance is a second of the corporate general and man Fight executive and executive and executive insurance is a second of the corporate general and man Fight executive and executive and executive insurance is a second of the corporate general and man Fight executive and executive and executive insurance is a second of the corporate general and man Fight executive and executive and executive insurance is a second of the corporate general and man Fight executive and executive and executive insurance is a second of the corporate general and man Fight executive and executive and executive insurance is a second of the corporate general and executive insurance is a second of the corporate general and executive insurance is a second of the corporate general and executive insurance is a second of the corporate general and executive insurance is a second of the corporate general and executive insurance is a second of the corporate general and executive insurance is a second of the corporate general and executive insurance is a second of the corporate general and executive insurance is a second of the corporate general and executive insurance is a second of the corporate general and executive insurance is a second of the corporate general and executive insurance is a second of the corporate general and executive insurance is a second of the corporate general and executive insurance is a second of the corporate general and executive insurance is a second of the corporate general and executive insurance is a second of the corporate general and executive insurance is a second of the corporate general and executive insurance is a second of the corporate general and executive insurance general and executive insurance general and executive insurance general and executive insurance ge	aging parmers of	partnership issuers; and
Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: Romoter Romoter Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
HAWES, PHIL	· · · · · · · · · · · · · · · · · · ·	
Business or Residence Address (Number and Street, City, State, Zip Code)		
121 S. HWY 207, APT. 31, SPEARMAN, TX 79081		
Check Box(es) that Apply: Rromoter Reneficial Owner Executive Officer	M Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
WATSON, RALPH		
Business or Residence Address (Number and Street, City, State, Zip Code)		
121 S. HWY 207, APT. 31, SPEARMAN, TX 79081		
Check Box(es) that Apply: X Promoter XX Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
SHIMKO, CHARLEE		
Business or Residence Address (Number and Street, City, State, Zip Code) 222 S. HWY 207, APT. 31, SPEARMAN, TX 79081		_
Check Box(es) that Apply:	Director	General and/or Managing Partner
Full Name (Last name first, if individual) PANG, TERAN		
Business or Residence Address (Number and Street, City, State, Zip Code)		
121 S. HWY 207, APT. 31, SPEARMAN, TX 79081		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	······	
Business or Residence Address (Number and Street, City, State, Zip Code)		
(Use blank sheet or conv and use additional conies of this sh	neet as mesessani	

			loku.		+ B. I	NFORMAT	ION ABOU	T OFFÉRI	NG 🛴 💢		A. A. II				
									Yes	No					
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										\mathbf{K}				
						Appendix		_				10	F00 00		
2.	What is	the minim	um investn	nent that w	ill be acce	pted from	any individ	ual?				\$ 12,	500.00		
3.	Does th	e offering	nermit ioin	t ownershi	n of a sino	le unit?						Yes	No ▼¬		
_		_	•		- "								₹ □		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.															
Full	l Name (Last name	first, if ind	ividual)											
Bus	iness or	Residence	Address (N	lumber and	l Street, C	ity, State, 2	Lip Code)					··			
Nar	ne of Asi	sociated Br	oker or De	aler				*							
1401	ne or As.	sociated Di	OKCI OI DC	aici											
Stat	es in Wh	ich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers		····			·			
	(Check	"All States	or check	individual	States)			•••••	•••••••••••••••••••••••••••••••••••••••	••••••		☐ Al	All States		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID		
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO		
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK]	OR	PA		
	RI	SC	SD	[TN]	TX	UT	[VT]	VA	WA	WV	WI	WY	PR		
Full	l Name (Last name	first, if ind	ividual)								·			
Bus	iness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)				·				
Nar	ne of As	sociated Br	oker or De	aler											
Stat	tes in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers								
												□ A1	States		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID		
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA		
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR		
Full			first, if ind												
				,											
Business or Residence Address (Number and Street, City, State, Zip Code)															
Name of Associated Broker or Dealer															
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers															
(Check "All States" or check individual States)							☐ Al	States							
	AL	AK	AZ	AR	CA	[CO]	CT	DE	DC	FL	GA	HI	ID		
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO		
	MT	NE	NV	NH	NJ	NM	NŸ	NC	ND	OH	OK.	OR	PA		
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	;	Amount Already Sold
	Debt	s -O-		\$ - 0-
	Equity		_	\$ 25,000
	X Common ☐ Preferred		_	
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests			\$
	Other (Specify)			\$
	Total			\$ 25,000
	Answer also in Appendix, Column 3, if filing under ULOE.		_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number		Aggregate Dollar Amount
		Investors		of Purchases
	Accredited Investors		_	\$ <u>25,000</u>
	Non-accredited Investors		_	\$
	Total (for filings under Rule 504 only)	2	_	\$ <u>25,000</u>
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A		_	\$
	Rule 504		_	\$
	Total	-0-	_	\$ <u>-</u> 0-
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	[\$
	Printing and Engraving Costs	[2	X	\$ 3,000
	Legal Fees	<u>5</u>	_ []	\$ <u>13,000</u>
	Accounting Fees		X	\$ 6,000
	Engineering Fees	§	<u> </u>	<u>\$ 10,000</u>
	Sales Commissions (specify finders' fees separately)			\$50,000
	Other Expenses (identify)	_	7	\$ =
	Total	-	_ 	\$82,000

ATTENTION -

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1601.)